

Investigating the Relationship between Attitudes Towards Menopause and Sexual Function in Menopausal Women in War-Torn Afghanistan

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ABSTRACT

Introduction: Menopause is one of the natural periods of women's life that due to the completion of a woman's egg, ovulation will no longer occur and as a result, menstruation will stop forever and they will no longer be able to have children. Menopause usually begins between the ages of 49 and 52. But it can happen at any age. At this time, the ovaries secrete less female hormones, especially estrogen, and cause menopausal symptoms. Menstruation first becomes irregular and then stops altogether. Women who do not menstruate for a year are considered menopausal. 35% of postmenopausal women are reported to suffer from decreased libido. Also in the United Kingdom, Ireland, France and Germany, 47%, 54%, 42% and 24% of postmenopausal women have reported decreased sexual activity. According to our study, 550% of postmenopausal women in Afghanistan suffer from decreased sexual desire.

A long-running Melbourne-based population-based study reported a significant decrease in libido, arousal, orgasm, and sexual activity, and a significant increase in vaginal dryness / painful intercourse throughout menopause. The health values and beliefs of a society affect the perception of sexual desire during menopause and the will of individuals as well as the need for their treatment.

After menopause, sexual desire decreases somewhat. On the other hand, due to the reduction of female secretions, vaginal dryness occurs and sometimes causes pain and discomfort during intercourse, and this issue can affect marital relations.

Research findings; A total of 200 postmenopausal women aged 45-58 years were studied in this study. The mean age of these women was 7.93 ± 57.18 years. The highest age distribution was in the range of 51 to 55 years (53.7%). The mean duration of menopause was 7.00 ± 7.00 years. 176 (89%) were housewives and 167 (83.5%) had less than a diploma.

Conclusion: Although no relationship was observed between sexual function and attitudes toward menopause, a large number of postmenopausal women still had a negative attitude towards this phenomenon, which was also impaired in terms of sexual function.

Keywords- Attitude towards menopause, Sexual function in menopausal women, Reduction of female discharge in Afghanistan.

I. INTRODUCTION

Menopause is a natural period in a woman's life when she no longer ovulates due to the depletion of her eggs, and as a result, menstruation stops forever and she is no longer able to have children. Menopause usually begins around the age of 49. However, it can occur at any age. At this time, the ovaries secrete fewer female hormones, especially estrogen, causing the symptoms of menopause. At first, menstruation becomes irregular and

then stops completely. Women who have not had a menstrual period for a year are considered to be in menopause.

Mental health issues: Many women worry about aging as they approach menopause. Eating a healthy, balanced diet, avoiding smoking and alcohol, avoiding stressful situations, participating in social activities, hanging out with friends, and most importantly, daily exercise (especially walking, swimming, etc.) helps maintain a cheerful spirit.

Menopause is the end of a woman's natural reproductive life. Clinically, menopause occurs after 12 months of amenorrhea or cessation of menstruation [1]. The average age of onset of menopause is 51 years (range 47– 53 years); however, studies have shown that the average age of menopause is lower, at 47.8 years [2]. With increasing life expectancy and improved quality of life and health services, the elderly population is increasing, so that, for example, there are currently more than 44 million women aged 45– 54 in the United States, and more than half of them suffer from complications of this period, such as hot flashes, vaginal dryness, forgetfulness, joint pain, irritability and anxiety, feelings of sadness, depression, and night sweats.[3]

Given that menopause is a fundamental change in a woman's life, it can be significant from various personal, social, cultural, health, and wellness perspectives [4]. Previous studies have shown that women's attitudes toward menopause have an impact on their acceptance and management of the problems of this period [5]. If women are aware of what happens during menopause, they will accept the changes better and, with increased awareness and positive attitudes in this regard, they will be more likely to seek health care and wellness services during this period. For this reason, the first line of health care and treatment during menopause is the effort of health care providers and physicians to create a positive attitude in women towards menopause and to try to change their traditional and superstitious beliefs in this regard [6]. Many of these women consider menopause a period of liberation and freedom due to the end of their reproductive years; in addition to giving up responsibilities related to their children, they are not afraid of pregnancy and feel more comfortable than before menopause. On the other hand, for some women, this period causes worry and the appearance of signs of aging and the end of their attractiveness, which in some cases causes depression in women, which in our study we found to be 10 percent. Depression: The chemical changes that occur during menopause do not increase the risk of depression, but since women experience important changes in their middle age, including menopause and insomnia, this can increase the risk of depression. [-35-36-7]

The biological and hormonal changes associated with menopause occur the same way around the world, although in some cases they can differ due to war and war-related stress. However, attitudes towards menopause vary greatly across cultures and societies. Cultural attitudes towards menopause determine how menopause is interpreted and what it means to women [8]. Sexual activity plays an important role in menopause and has tremendous effects on women's physical health, well-being, self-esteem, and consequently their quality of life [9]. The aging of the world's population has made sexual health an important health issue for menopausal women [10].

Although sexual function during menopause is largely influenced by biological changes, women's ethnic, social, and cultural backgrounds also play an important role in their sexual function [11]. In many societies, cultural concepts and experiences influence a woman's view of menopause and her sexual functioning during this period [12]. According to some women, menopause causes a decrease in sexual activity and even sexual performance during this period becomes disgusting [13], while for others, sexual activity during menopause is associated with a sense of freedom due to freedom from the fear of pregnancy during this period [11].

Another study in Nigeria found that traditionally, these women abstain from sexual activity after menopause, and the reason for abstinence may be related to climacteric symptoms (perimenopause) such as decreased libido and dyspareunia (pain during sexual activity), but this is largely influenced by cultural beliefs [14]. If menopausal women have been sexually inactive during their reproductive years or have been consistently plagued by undesirable sexual states, menopause may reduce their sexual ability and make any form of sexual expression aversive to them [13]. Thus, menopause may be a factor in causing, exacerbating, or resolving reproductive sexual problems.

According to reports, 35% of menopausal women suffer from decreased sexual desire. Also, in England, 47%, Ireland 54%, France 42% and Germany 24%, respectively, a decrease in sexual activity of women after menopause has been reported. According to our research in Afghanistan, 55% of menopausal women suffer from decreased sexual desire. This difference may be due to the decrease in sexual activity caused by menopause combined with the stress of war [16, 15]. A longitudinal population-based study conducted in Melbourne reported a significant decrease in sexual desire, arousal, orgasm, and activity, and a significant increase in vaginal dryness/painful intercourse across the menopause. A society's values and health beliefs influence the perceived strength of sexual desire during menopause and individuals' willingness and need for treatment [17]. According to a report by Krantarat et al. on attitudes towards menopause, 96% of women stated that sexual activity is normal during menopause, 95% reported that sexual activity makes their partners happy, and 77% stated that sexual activity makes women happy and satisfied [18]. In a cross-national study, postmenopausal black and Latina women had higher sexual desire than Asian and white women, which may reflect cultural and attitudinal differences in this discrepancy [19]. Afghanistan is a multicultural and religiously diverse country, and specific social, cultural, and ethical factors influence the sexual functioning of postmenopausal women [20]. Studies conducted in Afghanistan by us show that the level of knowledge and attitude of Afghan women regarding the phenomenon of menopause is negative. Studies conducted in Afghanistan to determine the level of awareness and

performance of menopausal women showed that 44.5-40.3% of women had poor awareness, 83% had poor performance, and only 8% had satisfactory performance regarding aspects of menopause [21]. It seems that in Afghanistan there is a wrong attitude and unbalanced social traditions towards sexual issues during menopause, which was found in our study, and most women and men in our country are ashamed to mention this problem and have difficulty cooperating with the doctor [22]. Our research results have shown that middle-aged women who have more knowledge and awareness about menopause are more likely to manage menopause better, and those who have a negative attitude towards menopause are more likely to feel negative and bad about experiencing menopausal symptoms [23]. In fact, few studies have been conducted on sexual attitudes and performance or sexual behavior among menopausal women in Afghanistan, and most studies conducted in countries around the world have also reported mixed results [24]. All health systems in the world, as well as health systems in Afghanistan, consider women as the main axis of family health, and they consider menopause as a manifestation of women's individual flourishing, and they consider any type of disorder, especially sexual disorder during this period, as a reason for destroying family health. On the other hand, in Afghan culture, the existence of negative attitudes and some wrong and unbalanced social traditions about sexual issues on the one hand and menopause on the other hand is not far from expected. Therefore, considering this issue and also the limitations and difficulties of these studies in the conditions of our country, Afghanistan, this study was conducted with the aim of "investigating the relationship between sexual function and attitude towards menopause in menopausal women" in the northern provinces.

After menopause, sexual desire decreases somewhat. On the other hand, due to the decrease in female secretions, vaginal dryness occurs and sometimes causes pain and discomfort during intercourse, and this can affect marital relations. The old treatments for vaginal dryness were the use of hormonal treatments that have side effects. Today, the newest method of treating vaginal dryness in menopause is the MonaLisaTouch laser, which completely treats vaginal dryness in three sessions at monthly intervals without any side effects. Also, using a lubricating gel will be a useful solution for having sex and having sex without pain.

Mona Lisa Touch laser is used for things like vaginal lightening, vaginal tightening, vaginal rejuvenation, labiaplasty, treatment of menopausal problems, etc. It is actually a non-surgical vaginal system.

II. STUDY METHOD

The present study was a descriptive study conducted in 2019. 200 menopausal women who visited the Kadri Clinic and Hospital of the Faculty of Medicine

of Balkh University and the Family Health Hospital of Mazar-e-Sharif participated in this study. They were included in the study using a random sampling method after the consent of the menopausal women.

Inclusion criteria: including written consent, Afghan citizenship, natural menopause (stopped menstruation for one year), having a spouse and having sexual relations with the spouse.

Exclusion criteria included premature menopause (under 40 years of age), menopause caused by surgery, diseases such as diabetes, cardiovascular diseases, hyperlipidemia, respiratory problems, various types of cancer, or abnormalities or injuries to the genital area.

Research tools: included a demographic profile form, the Newgarten Menopause Attitude Questionnaire, and the Female Sexual Function Index (FSFI) questionnaire, which were obtained from the Internet, medical journals, and reputable medical textbooks.

The standard female sexual function questionnaire consists of 19 questions, measuring 6 aspects of sexual function (desire, arousal, lubrication, orgasm, satisfaction, and pain during intercourse) over the past 4 weeks.

The Attitudes towards Menopause Questionnaire consists of 34 items with a 1-5 Likert scale (extremely negative = 1 to extremely positive = 5), and the total score and its mean are calculated by summing the scores of all items (topic, content). The appropriate cut-off score of the entire scale for diagnosing sexual function was determined to be 26.55, sexual desire disorder below 4.28, arousal disorder with a score: below 5.08, lubrication disorder with a score: below 5.45, orgasm disorder with a score: below 5.05, and sexual satisfaction disorder with a score: below 5.04.

The Newgarten Questionnaire, which seeks to examine the general attitudes and feelings of elderly people with the problem of aging, consists of 20 items in 5 different areas: reasoning, goals, achieving wishes and goals, self-concept, and adequacy.

The main method of answering this questionnaire is a two-scale including agree and disagree, with a score of 0 for disagree and 1 for agree, and the average score is 12.4. Content validity method was used to determine the validity of the Newgarten Menopause Attitude Questionnaire and the Sexual Function Questionnaire. The reliability of the Newgarten Sexual Function Questionnaire and the Newgarten Menopause Attitude Questionnaire was determined by the internal consistency method by calculating the Cronbach's alpha coefficient ($r=0.82$) and ($r=0.78$), respectively. After a period of 3 months after completing the sampling, the data were analyzed with SPSS version 18 software and descriptive statistical tests including frequency, mean and standard deviation and Chi-square analytical test. A P value of less than 0.05 was considered significant.

Limitations of our research in Afghanistan

- 1- The limited scope of the samples in terms of demographic characteristics and generalizability of the study results.
- 2- There is no financial assistance from the government in this field.
- 3- There are limitations in the field of encouragement.
- 4- In some cases, we are even neglected by the authorities.

Research findings

Unsettled living environment affects the brain and psyche. Undoubtedly, women's menopause and sexual performance of women and men have their own adverse effects. In the unstable conditions of Afghanistan, 200 menopausal women aged 45-58 were studied in this study. The average age of these women was 57.18 ± 7.93 years. The largest age distribution was in the range of 51 to 55 years (53.7%). The average duration of menopause was 7.00 ± 7.80 years. 176 people (89%) were housewives and 167 people (83.5%) had less than a diploma in education. The income of 145 people (72.5%) of the research units was reported to be at the subsistence level. The study of the sexual performance questionnaire revealed that the average total score of sexual performance was 22.53 ± 5.91 (in the range of 14.40 to 35.60). In Table 1, the range of sexual function is expressed in percentages.

Table 1: Frequency of sexual function domains in menopausal women

Sexual function area	Number (percentage)ss	
	Desirable	Undesirable
Sexual desire	17 (5/8)	183 (5/91)
Sexual arousal	20 (10)	180 (90)
Slipperiness	14 (7)	186 (93)
Sexual orgasm	40 (20)	165 (80)
Sexual satisfaction	55 (5/27)	145 (5/72)

Elderly

The results showed that the lowest score was related to the sexual desire domain (2.96 ± 1.11) and the highest score was related to the sexual satisfaction domain (4.40 ± 1.05). The scores of other domains were sexual arousal score (1.35 ± 3.25), lubrication domain (1.29 ± 4.03), orgasm domain (1.26 ± 3.85) and pain domain (1.36 ± 4.02). In total, 27.5% of all menopausal women participating in the study had satisfactory sexual function and 35.5% of them had a positive attitude towards menopause.

The participants in the study had satisfactory sexual function and 35.5% of them had a positive attitude towards menopause. The results of the chi-square test showed that of the 45.5% of menopausal women who had unsatisfactory sexual function, their attitude towards menopause was also negative and only

8.5% of these women had both satisfactory sexual function and a positive attitude towards menopause. However, the results of the chi-square test did not show a significant relationship between sexual function and attitude towards menopause (Table 2). In fact, sexual function has no effect on attitude towards menopause ($P=0.07$).

**Number (percentage)
Attitudes towards menopause**

**Table 2: Relationship between sexual function and attitude towards menopause in menopausal women
Sexual act**

Desirable	38 (19)	17(5/8)	55(5/27)	
Undesirable	91 (5/45)	54 (27)	145(5/72)	0/07
Total	129 (5/64)	71(5/35)	200 (100)	

Chi-square test results

**III. DISCUSSION AND
CONTROVERSY**

In the present study, it has been shown that there is no relationship between sexual function and attitude towards menopause. In fact, the sexual function status of menopausal women does not affect their attitude towards menopause. In the present study, 64% of women had a negative attitude towards menopause. Similar to the results of this study, it can be mentioned that Hassan pour and Abbasi's research found that 77.8% of menopausal women had a negative attitude towards menopause [21]. However, in examining the attitude of women in Faraji's study, 7% of women had a negative attitude, 23.8% a neutral attitude, 75.5% a positive attitude towards menopause, and according to Shojaizadeh and Gashtaei, 69% of women had no attitude towards this issue [25]. The study by Nowrozi et al. showed that 81.5% of menopausal women had a positive attitude towards menopause, which is not similar to our studies conducted in Afghanistan. The reason for this is the low level of literacy and low level of awareness among Afghan women [2]. Other reasons for this discrepancy could be differences in sample size or population. Among other different results, we can mention the study by Alois and McKinlay conducted in the United States, who reported that the attitude of the women studied towards menopause and cessation of menstruation was a sense of comfort and ease, and the women thought that they were positive and experienced people, which was in contrast to our study [26]. In another study, conducted in India, the attitude of women towards menopause was a sense of freedom, which was consistent with our study in Afghanistan [27] and also more than 905 Italian women in a study also considered menopause as a positive event [28]. In a meta-analysis of 30 studies conducted worldwide, Taherpour and Iser reported that most women have a negative attitude

towards menopause and its symptoms and complications [29]. The difference in the studies conducted in Afghanistan by us and other countries could be due to racial, religious, cultural factors, and the backwardness of the level of awareness of the people due to the war conditions in our country [30]. No significant relationship was found regarding the effect of sexual function on attitude towards menopause. In fact, poor sexual function did not have an effect on women's attitude towards menopause. Although, in this study, the attitude of most menopausal women was negative, this negative attitude was not caused by poor sexual function. Many studies have shown the relationship between the effect of a positive attitude towards menopause on desirable sexual function, including the study by Kong Wan titled "Awareness, attitude and symptoms of menopause and its management in middle-aged working women" in 2014. According to Kung-Wan, having a good sexual function requires self-confidence and a positive attitude towards menopause [31]. Lim also stated that a positive attitude towards menopause leads to better management of sexual function and to having a good sexual function [32]. According to Lee and Park, Korean women who had a negative attitude towards menopause also had a poor sexual function [33]. Among the research conducted in Iran in this field is the research of Beigi and his colleagues, whose aim was to find the relationship between sexual function and attitude towards menopause. The results showed that a positive attitude was associated with positive sexual function and a negative attitude towards menopause was associated with negative sexual function, which was consistent with our research. No research has been conducted on this topic in our country so far. This is the first time that this research has been conducted by us. However, research has been conducted on this topic in other countries.

Our research is similar in some ways and not in others to the research of some countries. [30]. However, Bello and Daramola, in a study conducted in 2016, concluded, similar to the present study, that despite menopausal women having a negative attitude towards menopause, their sexual performance is not affected by this issue [6]. Garcia et al. also stated that sexual dysfunction in menopausal women is not associated with a negative attitude towards this phenomenon [34]. In fact, the presence of sexual dysfunction is associated with many factors, including symptoms and complications of menopause [25]. Among these symptoms, we can mention hot flashes, vaginal dryness, joint pain, sleep disorders, and fatigue, all of which have a negative impact on sexual performance, as found in similar studies [3]. In the present study, there was impairment in all areas of sexual function; including impairment in sexual desire and arousal, impairment in reaching sexual climax, and pain during intercourse. In a study conducted by Olaloraam and colleagues regarding this investigation of sexual function in urban Nigerian women, they stated that sexual desire is affected by

increasing age, such that postmenopausal women are associated with a decrease in sexual desire and arousal, which was also found in our study [33]. However, during menopause, whether due to women's negative attitude towards this phenomenon or due to some physiological and pathological changes specific to this period or as a result of a decrease in hormone levels, especially estrogen, there is a possibility of sexual dysfunction. In fact, menopause can be a factor in causing or increasing sexual disorders related to reproductive age [30]; and if this period, which is potentially associated with sexual dysfunction, is also accompanied by a negative attitude, it will worsen the situation. Although this study did not find a relationship between sexual function and attitude towards menopause; the fact that a negative attitude towards menopause causes disruption of sexual activity cannot be ignored, and because menopause is one of the most critical stages of a woman's life and is accompanied by numerous symptoms and complications, including sexual dysfunction. As a result, having sufficient and positive awareness and attitude about this phenomenon is a logical way to easily pass this stage [25].

IV. CONCLUSION

We concluded the following from the study of medical literature and the medical website, the medical website, and the experiences and research.

Although no relationship was observed between sexual function and attitude towards menopause, a large number of menopausal women still had a negative attitude towards this phenomenon and were also impaired in terms of sexual function; as a result, optimal and efficient educational programs are needed to change women's attitudes and improve their health and quality of life.

Ethical considerations

Following the principles of ethics in this study has been fully observed.

Proposal: In the conditions of Afghanistan, I make the following proposal about menopausal women.

It is suggested that future research should provide the possibility of education about menopause and sexual function and then follow up on this education.

Suggestions for managing mental health problems in menopausal women

Many women worry about aging and mental health problems as they reach menopause. To manage this, we make the following suggestions in the context of Afghanistan:

- 1- Eat a healthy and balanced diet.
- 2- Avoid smoking and alcohol, and avoid stressful situations.
- 3- Participate in social activities and socialize with friends.

4- Most importantly, daily exercise (especially walking, swimming, etc.) helps maintain a cheerful spirit.

Nutritional recommendations:

1. The compounds in soy and its supplements act similarly to the hormone estrogen and can help reduce the complications of menopause, especially osteoporosis and heart disease. Unlike hormonal drugs, soy and its supplements do not carry the risks of hormone therapy if used properly. Soy contains valuable nutrients such as protein. When soy is consumed with rice, its protein is equivalent to that of animal products
2. Due to the increased need for calcium during this period, adequate consumption of milk and dairy products in the daily diet is recommended.
3. Vitamin D is essential for calcium absorption. This vitamin is produced through food sources and through sunlight exposure to the skin. If a person is exposed to direct sunlight for about 20 minutes a day, it is sufficient to produce the vitamin.
4. Regular exercise is an important factor in increasing calcium absorption and increasing bone density.
5. Carbonated drinks (even diet drinks) prevent the absorption of calcium from food. So it is better to limit carbonated drinks as much as possible.
6. Smoking and alcohol consumption are harmful to everyone, at any age and in any situation. Among the side effects of using these substances is the exacerbation of osteoporosis; therefore, their consumption should be avoided.
7. Seafood is rich in omega-3 fatty acids, which can help with cardiovascular health. Consuming fish at least twice a week can be very beneficial.

Suggested oral treatment for menopausal women

We recommend the use of clover, alfalfa, licorice root, fennel, hops and soy.

To reduce the cardiovascular risk of menopausal women, the following are recommended:

Abstaining from smoking such as cigarettes and hookah, regular exercise, reducing fat and salt intake, and increasing the consumption of fruits and vegetables and foods containing fiber (such as whole grain breads).

Some plants such as soy, as well as supplements containing soy extract, contain compounds such as estrogen and can reduce the occurrence of such side effects as bloating.

Finally, I suggest the Mona Lisa Touch laser treatment (a non-surgical vaginal system).

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